

LifeBridge Organ and Tissue Sharing Year 2 Case Study Master Key Factors List

P.1a: Organizational Environment

- 1. Service Offering and Area** – LOTS is the regional organ and tissue procurement organization (OPO) for 3.2 million people living within a federally assigned territory inclusive of 62 counties across two states.
- 2. Work Systems**- The main service offering is accomplished through the organization's two work systems: Organ and Tissue
- 3. Vision/Mission/Values (VMV) and Core Competency**- Vision: Organs and tissues are always available; Mission: We save and improve lives; Values: compassion, innovation, honesty, teamwork, quality. Core Competency: Mission-driven workforce
- 4. Workforce Profile**: LOTS is a 24/7 business in which many of the employees are decentralized. Workforce Profile (Figure P.1-4) reflects employee profile and includes Job Type (Leadership Team- 10%, Staff- 90%), Gender (Male- 35%, Female- 65%), Tenure (<1 Year- 20%, 2-5 Years- 41%, 6-10 Years- 21%, 11+ Years- 18%), and Ethnicity (African American- 20%, White- 70%, Other, 10%)
- 5. Workforce Health and Safety Requirements**: Standard office and clinical safety requirements. Special requirements for "after-hours" staff members include reserved office parking spots, secured parking and sensor lighting.
- 6. Workforce Engagement Factors**: 1) Workforce connection to the mission; 2) Employee Benefits; 3) Relationships with Coworkers
- 7. Assets and Technology**: LOTS owns a custom-built facility in Columbia, NT which houses a critical care unit where organ donation management occurs and with a fully equipped operating room (OR). The key clinical technologies and equipment include x-ray, ultrasound, and typical OR equipment. Utilizing technology, LOTS provides its workforce with collaborative tools, real-time access to key data including an electronic medical record (EMR) system (Transplant Technologies, and reporting services that provide customized reports.
- 8. Regulatory Requirements**: LOTS operates under a highly regulated environment and identifies key regulatory requirements in Quality Compliance Management (Figure P.1-5). Mandatory regulatory agencies include: CAP (safe laboratory practices), CMS, EEOC, FDA, DoL, IRS, and OSHA. Voluntary compliance with regulatory and accreditation agencies include: UNOS/OPTN (organ allocation/operational oversight), AATB (Standards for Tissue Banking Accreditation), and AOPO (Standards for Organ Procurement Accreditation)

P.1b: Organizational Relationship

- 9. Governance and Leadership Structure**: LOTS is a private, nonprofit 501c(3) organization. A voluntary, community-based governance Board of Directors (BOD) sets policy for the organization and is composed of hospital executives, medical professionals, transplant recipients, donor family members, and community representatives. Reporting to the governance board, the Chief Executive Officer (CEO) directs an Executive Leadership Team (ELT) composed of the Chief Medical Officer (CMO), Chief Human Resources Officer (CHRO), Chief Financial Officer (CFO), and Chief Operating Officer (COO). The Leadership Team (LT) consists of the ELT and the directors, managers, and supervisors.
- 10. Key Customers and Requirements**: Transplant Centers-Organ: 1) Maximize donation and transplantable organs; 2) Information/Relationships/Communication; 3) Competent/efficient high-

performance work. Tissue Processors and Eye Bank: 1) Maximize donation and transplantable organs; 2) Information/Relationships/Communication; 3) Performance to projections

11. Key Partners and Requirements: Donor Hospitals, Medical Examiners, Hospices, Marketing Partners (DMV, WPFL): 1) Timely referrals; 2) Regulatory compliance; 3) Respect/Sensitivity; 4) Information/Relationships/Communication; 5) Service Quality

12. Key Collaborators and Requirements: Organ and Tissue Donor Families: 1) Compassionate care, emotional support, aftercare, and follow-up; 2) Stewardship of the Gift; 3) Honor for the Donor. Funeral Homes/Columbia Cremation: 1) Information/Relationships/Communication; 2) Service

13. Key Stakeholders and Requirements: Communities within Service Area: 1) Comply with Legal, Ethical, and Regulatory Requirements while providing quality organs and tissues; 2) Education, transparency, accessibility. Workforce: 1) Connection with V/M/V; 2) Excellent Benefits; 3) Coworkers/Teamwork. Board of Directors: 1) Strategic Planning; 2) Administration; 3) Financial Management

14. Key Suppliers and Expectations: Guardian Ambulance, Wright Brothers Charter, Titan Technology (TT), and Transplant Technologies: 1) Accurate Information; 2) Service Quality; 3) Timely Communication

P.2a: Competitive Environment

15. Competitive Position: LOTS does not have traditional organ procurement competitors; it is a regulated “monopoly” that operates solely within the borders of its designated service area (DSA). No other OPOs may procure organs within this boundary. To maintain this designation, OPOs must meet national performance standards set by the Centers for Medicare and Medicaid Services (CMS). If performance consistently falls short of the national standards, CMS could choose to award the DSA to another OPO.

16. Market Growth Potential: Since expansion of the DSA is not allowed, growth in donation must come from 1) increases in medically eligible candidates from within the DSA, 2) increases in the number of families who say “yes” (authorization) to donation, or 3) the identification of nonhospital referral sources

17. Competitive Changes: While changes to or elimination of the Affordable Care Act (ACA) will be a challenge for the health care industry, the scope of changes to the OPO industry is uncertain at this time. As such, the organization has decided to focus on what it can control: 1) Increasing the number of registered donors within the DSA through identification of nonhospital referral sources, and 2) utilizing LOTS’s drive and proven ability to improve and rely on its mission-driven workforce (CC) to achieve cost-effectiveness and efficiencies to place itself in a strong financial position to manage future challenges

18. Key Success Factors: 1) A mission-driven workforce (CC) that is highly motivated and engaged in saving lives, and 2) strong relationships formed through partnering and collaboration to support innovation and performance improvement.

19. Comparative Data: Key comparative data sources for the two work systems and key support processes are identified in the Comparative Data Process (Figure 4.1-4). The organ industry has national benchmarks available through multiple sources; however, the lead time before such results become available may be many months. Comparative data are more limited for tissue operations, in which tissue processes provide monthly feedback for select results in the form of scorecards. To offset limitations, LOTS relies on sharing through collaboration with other OPOs to obtain comparative data. In addition, LOTS is planning a “Baldrige Benchmark Project” to seek out benchmarks wherever possible.

P.2b: Strategic Context

20. Strategic Challenges: Business: Industry Changes; Operational: Authorization; Societal Responsibility: Increase Registry; Workforce: Retention

21. Strategic Advantages: Business: Stakeholder Satisfaction; Operational: Facilities and Equipment; Societal Responsibility: Baldrige Business Model; Workforce: Supportive Mission-Driven Culture

22. Strategic Objectives: SO1) Maximize Donations OWS; SO2) Maximize Donations TWS; SO3) Maximize Stakeholder Relationships; SO4) Maximize Organizational Excellence

P.2c: Performance Improvement System

23. Performance Improvement Methods: LOTS has added Plan-Do-Study-Act (PDSA) cycles and feedback loops into many of its processes. LOTS also uses the Baldrige Criteria for Performance Excellence as its business model and foundation for performance improvement. Ultimately, this model provides ongoing feedback into the strategic planning process. Operational improvements are identified and implemented through the strategic planning process and the Operational Management Process (OMP, Figure 6.1-1). LOTS has also introduced a new program known as “III” which stands for improvement, improvement, improvement. Every meeting and every process has a built-in improvement process. All individual performance reviews have a “III” component and staff members have goals related to this philosophy.